

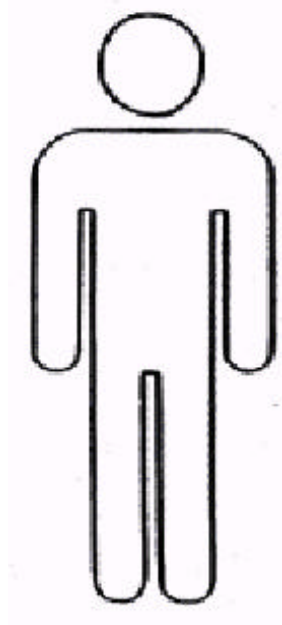
## Personnel Contamination Survey Sheet

Name: \_\_\_\_\_ Date / Time: \_\_\_\_\_ Team: \_\_\_\_\_

Instrument Type: \_\_\_\_\_ Number: \_\_\_\_\_ Bioassay Collected: ☐ Yes ☐ No

*Mark contamination locations on the diagrams below*

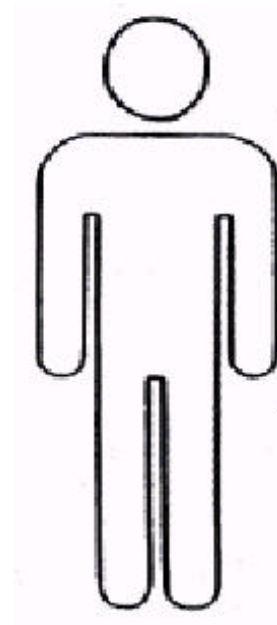
**FRONT**



Measurements:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_

**BACK**



Measurements:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monitored By: \_\_\_\_\_ Instrument: Type: \_\_\_\_\_ Number: \_\_\_\_\_

May-2003